

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/701747

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3				(1)			53						
4				1			54						
5				2			55						
6				2			56						
7				(1)			57						
8				(1)			58						
9				(1)			59						
10				2			60						
11			1				61						
12			1				62						
13				1			63						
14				1			64						
15			1				65						
16				(1)			66						
17				(1)			67						
18				(1)			68						
19				(1)			69						
20				(1)			70						
21				2			71						
22				2			72						
23				2			73						
24				2			74						
25				2			75						
26				2			76						
27				2			77						
28				2			78						
29				2			79						
30				2			80						
31				1			81						
32				(1)			82						
33				(1)			83						
34				(1)			84						
35				(1)			85						
36				2			86						
37				2			87						
38				(1)			88						
39				(1)			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	48	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			53				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS